

BGSP Application for Institutional Financial Aid

Boston Graduate School of Psychoanalysis

• 1581 Beacon Street • Brookline, Massachusetts 02446 •
• Phone: (617) 277-3915 • Fax: (617) 277-0312 •

Students requesting Institutional Aid for the 2014-15 academic year should complete and return this form to the Financial Aid Office at BGSP. Requests are reviewed upon receipt and you will be notified of the amount of your award after review. If you are applying for a need-based scholarship, please also complete the 2014-15 FAFSA online at www.fafsa.ed.gov. The deadline to apply for a need-based scholarship is July 14, 2014.

Student Information:

Name:	Program of Study:
Address:	Phone:
	Enrollment Status: <i>(circle one)</i>
Email:	Full-time 3/4 time 1/2 time Less than 1/2 time

Select the institutional plan(s) you are requesting from the options below:

- 2014-15 Need-based Scholarship Programs *(check all that apply)*
 - Annual Fund Scholarship
 - Broekhuysen Scholarship
 - o Country of Ancestry: _____
 - o Nearest Ancestor (self, parent, etc.): _____
- Level B advanced student
 - o Date of Clinical Presentation: _____
 - o Required Level B Coursework Complete? Yes No
- School-Based Program Intern
 - o Semester(s) of Internship: _____
- School-Based Program Fellow
 - o Semester(s) of Fellowship: _____
- Faculty Family
 - o Name of Faculty member: _____
 - o Relation to Faculty Member: _____
 - o Years of Faculty Service: _____
- Former VGSP student
- BGSP Employee
 - o Job Title: _____
- Therapy Center Fellow
 - o Semester(s) of Fellowship: _____
- On-Campus Assistantship
 - o Job Title: _____
 - o Supervisor Name: _____
- Other (please describe): _____

For Office Use Only:
SCHOL: Awarded? Y N Award =
LB: Award =
SBInt: Award =
SBFel: Award =
FacFam: Award =
VGSP: Award =
EMP: Award =
TC: Award =
Asst: Award =
Oth: Award =
Date Appr.: _____ Verified By: _____ Award Letter Sent: _____

Student Signature: _____ Date: _____